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PTO/SB/05 (03-05)  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE  
OMB 9901-0202**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(z))

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

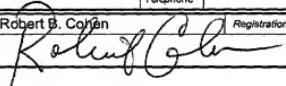
1. Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original, and a duplicate for processing)
2. Applicant claims small entity status.  
See 37 CFR 1.27.
3. X Specification [Total Pages **34**]   
(Preferred arrangement set forth below)
  - Descriptive title of the invention
  - Cross References to Related Applications
  - Brief Description of the Invention
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Description of the drawings
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claims
  - Abstract of the Disclosure
4. Drawing(s) (35 U.S.C. 113) [Total Sheets **5**]   
[ ]
5. Oath or Declaration [Total Pages **1**]   
[ ]
  - a.  Newly executed (original or copy)
  - b.  Copy from a prior application (37 CFR 1.83(d))  
(for continuation/divisional with Box 18 completed)
    - i.  DELETION OF INVENTOR(S)  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.83(d)(2) and 1.33(b)
6.  Application Data Sheet. See 37 CFR 1.76

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:  
 Continuation    Divisional    Continuation-in-part (CIP) of prior application No: \_\_\_\_\_

Group / Art Unit:

Prior application information: Examiner \_\_\_\_\_  
For CONTINUATION or DIVISIONAL APPS only. The entire disclosure of the prior application, to which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.**19. CORRESPONDENCE ADDRESS**

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	 000530		or <input type="checkbox"/> Correspondence address below
Name			
Address			
City	State	Zip Code	
Country	Telephone	Fax	

Name (Print/Type)	Robert B. Cohen	Registration No. (Attorney/Agent)	32,768
Signature		Date	November 1, 2001

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**FEE TRANSMITTAL  
for FY 2002**

*Patent fees are subject to annual revision.*

**TOTAL AMOUNT OF PAYMENT** (\$ 1,076.00)

**Complete if Known**

Item Number	Not Yet Assigned
Category	
Named Inventor	Hidetaka Magoshi
Other Name	Not Yet Assigned
Part Unit	N/A
Docket No.	SCEI 3.0-105

**METHOD OF PAYMENT**

Docket No. SCEI 3.0-105

**METHOD OF PAYMENT**

**FEE CALCULATION (continued)**

- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number	12-1095
Deposit Account Name	Lerner, David, Littenberg, Krumholz & Mentlik, LLP

- 2  Payment Enclosed

Payment Enclosed

## **FEE CALCULATION**

**1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
101	740	201	370	Utility filing fee	740 00
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	190	214	80	Provisional filing fee	

**SUBTOTAL (1)** | (\$) **740.00**

## **2. EXTRA CLAIM FEES**

		Claims	below	Fee Paid
Total Claims	12	-2** =	[ ] X [ ]	= 0.00
Independent Claims	7	-3** =	4 X [ ]	= 336.00
Multiple Dependent			[ ] X [ ]	= [ ]

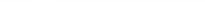
### Multiple Dependent

Large Entity	Small Entity		
Fee Code	Fee Code	Fee (\$)	Fee Description
103	18	203	9 Claims in excess of 20
102	84	202	42 Independent claims in excess of 3
104	280	204	140 Multiple dependent claim, if not paid
109	84	209	42 ** Reissue independent claims over original patent
110	18	210	9 ** Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2)** (\$) **336.00**

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— 1 —

SUBMITTED BY		Complete (if applicable)		
Name (print/type)	Robert B. Cohen	Registration No. (Agency/Reg'd)	32,768	Telephone (908) 516-6316
Signature				Date November 1, 2001

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